

Date _____

NEW CLIENT INFORMATION SHEET

Management Company _____

Address _____

Phone # _____ Fax # _____

Regional Manager _____

Office Phone # _____ Cell Phone # _____

E-Mail Address _____

Property ID # _____ Pursue Absolutes: Y / N Request Future Rent: Y / N

Property Name _____

Legal Entity Name _____

Address _____

County _____ Number of Units _____

Phone # (____) _____ Fax# (____) _____

Secondary Phone # (____) _____ (Back office / Private line)

Property Manager _____ Cell Phone # _____

Access to System Y / N

E-mail _____

Asst. Manager _____ Cell Phone # _____

Access to System Y / N

E-mail _____

Other _____ Cell Phone # _____

Access to System Y / N

E-mail _____

Primary Contact for Filings _____

Resident Mgmt Application (ie MRI, Yardi, OneSite, etc): _____

Multi-Dwelling License Number (if applicable) _____

PROPERTIES AFFECTED BY LEAD PAINT

_____ The property is affected under 6-801 Environment Article

_____ The property is MDE registered

_____ The property is not affected under 6-801 Environment Article

_____ The property is not MDE registered

Certificate Number _____